

Update from NCCPA: *Positive Changes to Certification Maintenance*

Greg P. Thomas, PA-C Emeritus, MPH
Director of PA Relations



Faculty Disclosure

- **Contractor with NCCPA**
- **No other financial relationships to disclose**

Presentation Outline

- **About NCCPA**
- **The Latest on PANRE**
 - Transition to core medical knowledge
 - Piloting an alternative to PANRE
- **The Certification Maintenance Process**
- **Certificates of Added Qualifications (CAQ)**

Celebrating the *Gold Anniversary...*



Proud to be a PA-C!

Overview of NCCPA

Our Mission is More than Creating Exams

NCCPA is committed to helping maximize the safe, productive, and competent practice of medicine by certified PAs

NCCPA's Responsibility

It is critical to our mission to provide a certification/
recertification program that is:

- Meaningful and relevant; and
- Provides assurance for patients, employers, state licensing boards, and others regarding PAs' knowledge and skills.

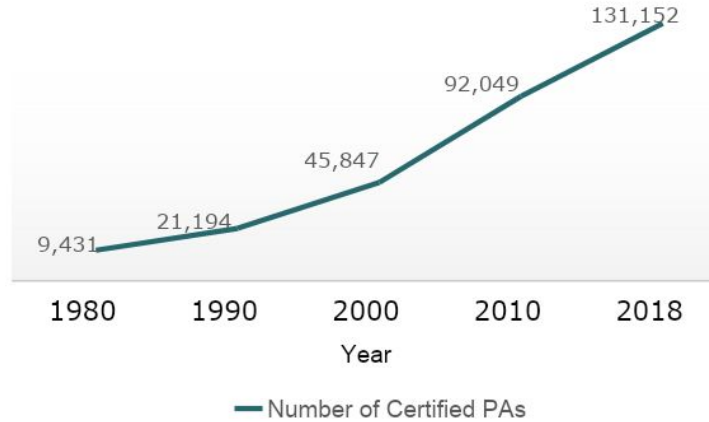
To do this, we must continuously monitor and evolve
the certification process because things change:

- Advances in technology
- Rapid changes in medicine
- Changes in the PA profession

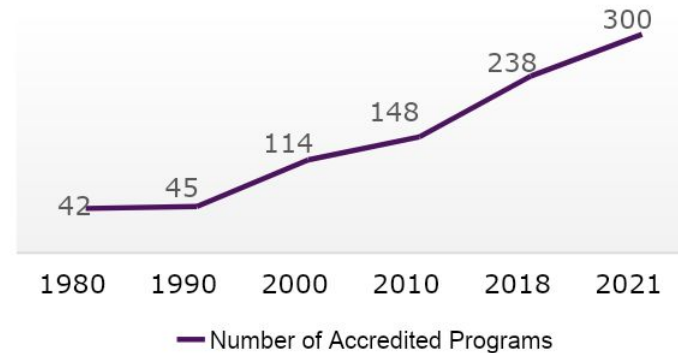


The Growth of the PA Profession

Number of Certified PAs



Number of Accredited Programs



Our Guiding Principles

1. NCCPA's primary focus must be to serve the public's interest and ensure that the PA-C credential represents the profession's commitment to high standards
2. We continually explore strategies to most effectively provide a relevant and meaningful recertification process
3. We remain committed to the flexibility that PAs have to change specialties during their career and to work in multiple specialties concurrently
4. We remain committed to finding ways to minimize the burden of certification maintenance



Quality & Industry Standards



- NCCPA is accredited by the National Commission for Certifying Agencies
- NCCPA's processes must comply with certification industry standards and reflect "best practices" which includes:
 - Communicating with all stakeholder groups (not just PAs)
 - Conducting a periodic thorough practice analysis
 - Remaining independent from other membership and advocacy organizations representing the profession (i.e. AAPA)
- We have been able to recruit and retain a team of highly skilled and experienced psychometricians and test development staff to work on NCCPA's exam programs

Our Stakeholders



About NCCPA

- Only national certifying body for PAs
- Certifying PAs since 1975
- Passionate about PAs and the patients you serve
 - Rely on PA practice data to inform our certification programs
 - Publish statistical reports to inform employers, policy makers, the media, patients and others
 - Promote qualifications and roles of certified PAs to various audiences (physicians, employers, state medical boards, public, etc.)
 - Engage in significant communications/PR efforts on your behalf: **www.PAsDoThat.net**

Certified
#PAsDoThat!

2019 Board of Directors Composition

11 PAs, 5 physicians and 2 public members

11 PA Members

- 7 PA Directors-at-Large
- 1 nominee from AAPA
- 1 nominee from PAEA
- 1 nominee from FSMB
- President/CEO

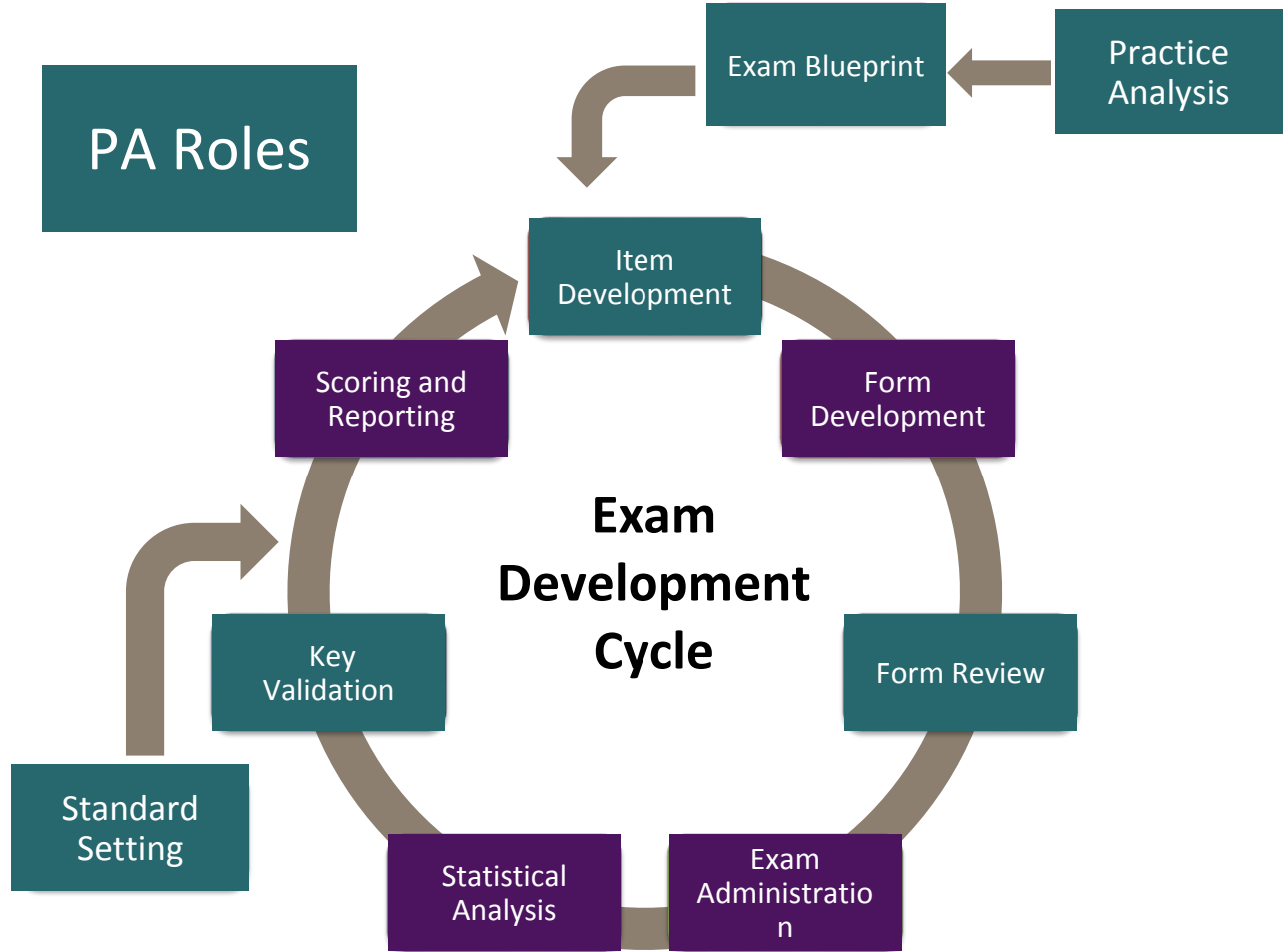
7 Physician & Public Members

- 1 nominee from AMA
- 1 nominee from AOA
- 1 nominee from ACP
- 2 physician Directors-at-Large
- 2 public members

PA Involvement With NCCPA

- PAs are involved throughout the exam development process
 - Clinically practicing
 - Diversity in a wide range of demographics
 - Reflective of the profession and population
 - Separation of responsibilities

PA Involvement in Exam Development Process



PA Involvement with NCCPA Adds Up!

In 2018 ...

- **92 PA item writers** served on item writing committees, writing questions that appear on PANCE, PANRE and the CAQ exams
- NCCPA hosted **24 PA team meetings** to develop and validate exam questions, review exam forms, and explore advancements to the question generation process involving the efforts of **222 PAs**
- **44 PAs** participated in meetings for both PANCE and PANRE to set the passing standards for the new 2019 blueprints



PA Involvement With NCCPA

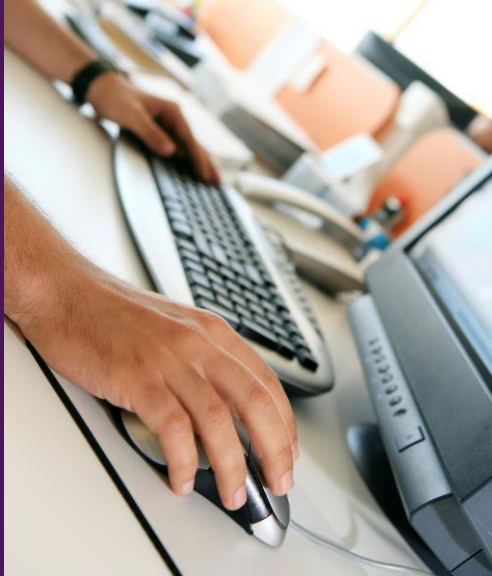
Additionally...

- In 2019, NCCPA will host **37** in-house content development meetings involving **330 PAs** and **11** virtual meetings with another **39** PA participants
- In Q2 and Q4 of 2019, NCCPA will convene two focus group meetings of 30 pilot participants
- Over **100,000** PAs have completed the **PA Professional Profile**



Certification is a Community Process

- We could not do this without PA participation
- Volunteering can be as short as an ad hoc meeting (2-3 days) to as often as an item writing committee (ongoing, multiple meetings yearly)
- **If you're interested in volunteering, please email Lara at volunteer@nccpa.net**



The Latest on PANRE

Data Supporting Periodic Assessment

- More than 20% of core information guiding clinical practice changes within one year
- Performance on assessments of medical knowledge declines over time
- Assessment provides an important mechanism for identifying the small number of health care providers who are unable to demonstrate an adequate level of medical knowledge for safe practice

NCCPA Set Out to Obtain Data and Feedback

To make a well informed decision, NCCPA:

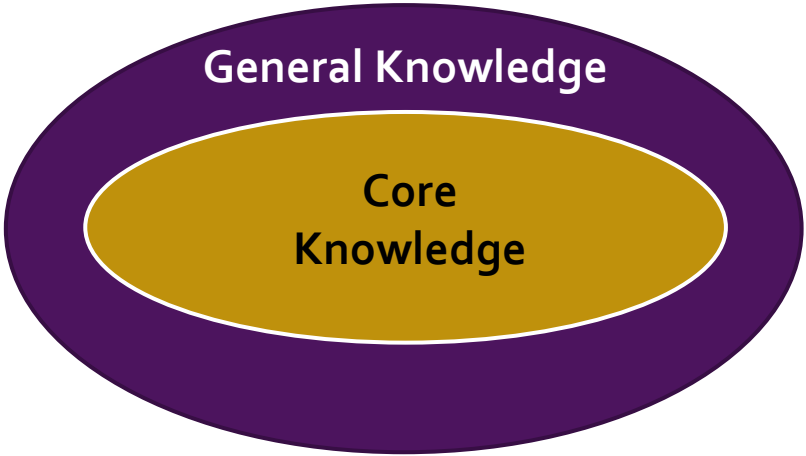
- Conducted research
- Held focus groups
- Elicited feedback from PAs and other key stakeholder groups
- Consulted with many physician certifying organizations and the American Board of Medical Specialties to tap into their similar lines of inquiry and research

What We've Heard

- PAs were very concerned about maintaining their ability to change specialties and did not want to see that threatened
- PAs were very concerned about the cost and time required to maintain certification (CME and exam requirements)
- Exams matter to the public, employers and to state medical boards
- Physician certifying boards are piloting alternative approaches to assessment

PANRE content shifted from “General Medical Knowledge” to “Core Medical Knowledge” in 2019

Decisions to Date -- #1



Working Definition of Core Medical Knowledge

...the essential, foundational knowledge and cognitive skills required for PAs to provide safe and effective care for patients across the lifespan and across the spectrum of medicine, regardless of the specialty or area of practice.

The Process of Identifying “Core Medical Knowledge” for PANRE

- June 2016:
 - Rank all of the diseases, disorders and medical conditions from the PANRE content blueprint from *most* core to *least* core
 - Draw the dividing line: which of these should be covered on PANRE?
- Series of subsequent meetings:
 - Looking only at those “above the line,” what aspects of each topic are “core medical knowledge”
- October 2017:
 - Profession wide survey to validate or further refine the work above -- > 20,000 responses
- December 2017:
 - Core Content Review and Blueprint Identification meetings were conducted to review the survey results and make recommendations on the blueprint
- Early 2018: New blueprint was released for the Pilot & PANRE

New PANRE Blueprint Effective in 2019

- New look for the revised blueprint is used for both PANRE and the Pilot Alternative to PANRE!
- Slight modifications to the percentage allocations of organ systems (very similar to PANCE)
 - Most were 1% and a couple were 3%
 - Same change to split out Renal from the Genitourinary category
- Most significant change is the new assessment levels
- The new blueprint provides detailed information on the level at which each disease and disorder will be assessed

PANRE Content Blueprint Category Comparison

2018

Medical Content Categories	Percent Allocation*
Cardiovascular System	16%
Dermatologic System	5%
Endocrine System	6%
Eyes, Ears, Nose, and Throat	9%
Gastrointestinal System/Nutrition	10%
Genitourinary System	6%
Hematologic System	3%
Infectious Diseases	3%
Musculoskeletal System	10%
Neurologic System	6%
Psychiatry/Behavioral Science	6%
Pulmonary System	12%
Renal System	N/A
Reproductive System	8%

2019

Medical Content Categories	Percent Allocation*
Cardiovascular System	13%
Dermatologic System	6%
Endocrine System	6%
Eyes, Ears, Nose, and Throat	8%
Gastrointestinal System/Nutrition	11%
Genitourinary System	5%
Hematologic System	4%
Infectious Diseases	6%
Musculoskeletal System	9%
Neurologic System	7%
Psychiatry/Behavioral Science	5%
Pulmonary System	10%
Renal System	3%
Reproductive System	7%

Examples of Deleted Diseases and Disorders for the PANRE (151 Deleted)

Medical Content Categories	Percent Allocation*
Cardiovascular System	Tetrology of Fallot, Mitral Stenosis, VSD, Coarctation of the Aorta, ASD
Dermatologic System	Melasma, LSC, Bullous Pemphigoid, Lichen Planus, Verrucae, Condyloma
Endocrine System	Acromegaly, Dwarfism, Pituitary Neoplasm, Adrenal Neoplastic Disease
Eyes, Ears, Nose, and Throat	Retinal Vascular Occlusion, Neoplasms Throat, Cholesteatoma, Dacryoadenitis
Gastrointestinal System/Nutrition	Strictures, Polyps, Rectal neoplasms, Nutritional Deficiencies, Motility Disorders
Genitourinary System	Cryptorchism, Wilms Tumor, Congenital Abnormalities
Hematologic System	Aplastic Anemia, G6PD, Thalassemia, Multiple Myeloma, AML/CML
Infectious Diseases	Malaria, Cholera, Histoplasmosis, Salmonellosis, CMV infections, Diptheria
Musculoskeletal System	Polymyalgia Rheumatica, Sjogren, Scleroderma, Juvenile Rheumatoid
Neurologic System	Myasthenia Gravis, CRPS, Cerebral Palsy, Huntington Disease, Tourette
Psychiatry/Behavioral Science	Personality Disorders, Conduct Disorder, Acute Stress Reaction, Autism
Pulmonary System	Carcinoid Tumors, Hyaline Membrane Disease, Idiopathic Pulmonary Fibrosis
Renal System	Hydronephrosis, Renal Cell Carcinoma, Polycystic Kidney Disease
Reproductive System (Male and Female)	Trophoblastic Disease, Multiple Gestation, Dystocia, Incompetent Cervix

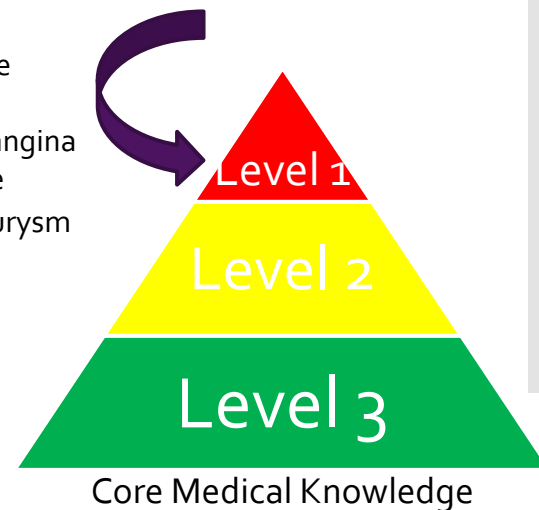
Level 1 Diseases and Disorders

The following diseases and disorders may be assessed at Level 1 on the PANRE and the Pilot Alternative to PANRE.

Level 1 is defined as follows: Recognize most likely diagnosis using signs, symptoms, and risks; refer appropriately.

Cardiovascular System – Level 1

- Abdominal aortic aneurysm
- Acute/subacute bacterial endocarditis
- Aortic stenosis
- Atrioventricular block
- Bundle branch block
- Cardiogenic shock
- Diastolic heart failure
- Hypertrophic cardiomyopathy
- Iliac artery occlusion
- Mitral regurgitation
- Mitral valve prolapse
- Pericardial effusion
- Prinzmetal variant angina
- Sick sinus syndrome
- Thoracic aortic aneurysm



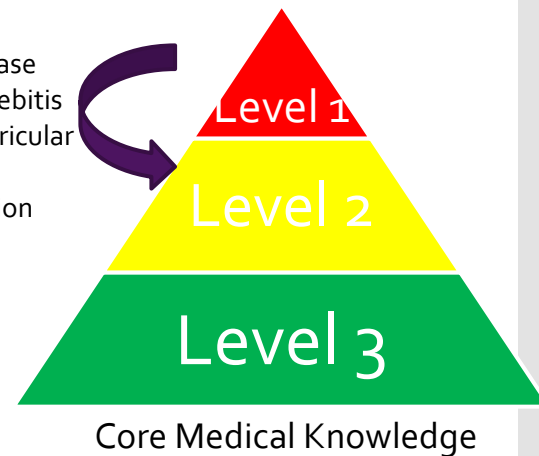
Level 2 Diseases and Disorders

The following diseases and disorders may be assessed at Level 2 on the PANRE and the Pilot Alternative to PANRE.

Level 2 is defined as follows: Make appropriate diagnosis by recognizing signs, symptoms, risks and/or interpreting results of diagnostic studies and have knowledge of first-line treatment.

Cardiovascular System – Level 2

- Acute myocardial infarction: non ST-segment elevation myocardial infarction (NSTEMI)
- Acute myocardial infarction: ST-segment elevation myocardial infarction (STEMI)
- Acute pericarditis
- Aortic dissection
- Arterial embolism/thrombosis
- Atrial flutter
- Cardiac tamponade
- Hypertensive emergency
- Orthostatic hypotension
- Paroxysmal supraventricular tachycardia
- Peripheral artery disease
- Phlebitis/thrombophlebitis
- Premature atrial/ventricular contractions
- Secondary hypertension
- Systolic heart failure
- Temporal arteritis
- Torsades de pointes
- Unstable angina
- Varicose veins
- Venous insufficiency
- Ventricular fibrillation
- Ventricular tachycardia



Level 3 Diseases and Disorders

The following diseases and disorders may be assessed at Level 3 on the PANRE and the Pilot Alternative to PANRE.

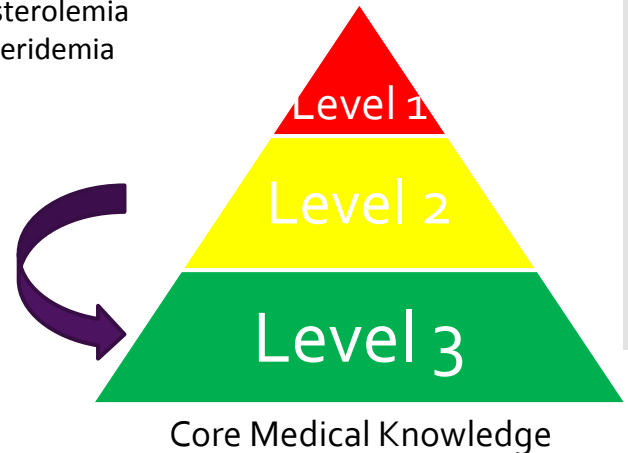
Level 3 is defined as follows: Make appropriate diagnosis by recognizing signs, symptoms, risks and/or interpreting results of diagnostic studies and have knowledge of first-line treatment. In addition, have knowledge required to manage well known comorbid conditions, contraindications, and complications.

Cardiovascular System – Level 3

- Angina pectoris (stable angina)
- Atrial fibrillation
- Coronary artery disease
- Deep Venous Thrombosis
- Essential hypertension (in adults)
- Hypercholesterolemia
- Hypertriglyceridemia

NOTE No level 3 content for:

Genitourinary System
Hematologic System
Musculoskeletal System
Psychiatry
Renal System
Reproductive System



PANRE Content Blueprint Assessment Levels

Cardiovascular System: 13%*	40%	50%	10%
<i>Diseases and Disorders</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>
Abdominal aortic aneurysm	●		
Acute myocardial infarction: non-ST-segment elevation myocardial infarction (NSTEMI)	●	●	
Acute myocardial infarction: ST-segment elevation myocardial infarction (STEMI)	●	●	
Acute pericarditis	●	●	
Acute/subacute bacterial endocarditis	●		
Angina pectoris (stable angina)	●	●	●
Aortic dissection	●	●	
Aortic stenosis	●		
Arterial embolism/thrombosis	●	●	
Atrial fibrillation	●	●	●
Atrial flutter	●	●	
Atrioventricular block	●		

Decision #2:

Pilot Alternative to PANRE Came Sooner Than Expected

- **Decided in May 2017**, NCCPA will pilot alternatives to the high stakes recertification exam no later than 2020
- **Announced October 2017**, pilot active 2019-2020
- All PAs due to take PANRE in 2018 or 2019 were eligible
- Current certification has been extended through the pilot for those PAs who participate
- Sign-up window was through June 2018

Pilot Design

- Longitudinal assessment of core medical knowledge (assessing for learning)
- During each quarter, questions can be answered over time, from any device, anywhere
- Over 18,500 PAs signed up for pilot (almost 60% of those eligible)

2019	Jan - Mar 25 questions	Apr - Jun 25 questions	Jul - Sep 25 questions	Oct - Dec 25 questions	2 Years, 200 Questions
2020	Jan - Mar 25 questions	Apr - Jun 25 questions	Jul - Sep 25 questions	Oct - Dec 25 questions	

Latest Update on Pilot Alternative to PANRE

- Completion of all 25 questions:
 - Q1 = 99%
 - Q2 = 99%
- Completion of all 25 questions within 1 day of answering the 1st question:
 - Q1 = 73%
 - Q2 = 77%
- To date, only 40 (0.22%) PAs have voluntarily withdrawn from the longitudinal assessment
 - Top two reasons include: (1) retirement from practice; and (2) prefer not to answer questions over extended period of time
- Most PAs are completing the questions during “business hours”
- > 36% of PAs participating in the pilot have never taken the “usual” PANRE, i.e. this is their first full recertification cycle
- PAs in orthopaedic surgery account for 11% of all pilot participants and 10.8% of all certified PAs (10,627)



Certification Maintenance Process

Certification Maintenance Process

- 100 CME credits every two years
 - 50 Category 1 credits
 - Self-assessment CME and PI-CME are now **optional**
- PANRE every 10 years



NCCPA Heard You!

- NCCPA heard concerns from PAs about the burdens of the certification maintenance process
- Conducted an **in-depth review** of existing SA/PI activities with particular emphasis on the gaps in availability of practice-relevant options for so many PAs
 - Found inadequate coverage of self-assessment in 31 specialty areas and of PI-CME in 13 specialty areas.
 - That means we ran the risk of PAs pursuing CME activities with little or no relevance for them just to meet this NCCPA requirement – never what we intended.

The Specifics

- All approved self-assessment CME activities will be awarded 50% bonus credits by NCCPA
- In each 2-year CME cycle, the first 20 PI-CME credits logged will be doubled
- **The weighting is applied by NCCPA**
- Weighting will apply to all PAs – whether on the 6-year cycle or the 10-year cycle



Finding Self-Assessment and PI-CME

- Lists of approved self-assessment and PI-CME activities now available on our website.
 - Organized by specialty with details on the number of credits offered and cost
- To access that list:
<http://www.nccpa.net/finding-sa-and-pi-cme>
- Navigate there through the “Maintain Certification” link at the top of our home page



Certificates of Added Qualifications (CAQ)

Key Principles of the Specialty CAQ Program

- NCCPA (and many stakeholders) agree that the PA-C must maintain its position as the ***primary credential for all PAs***.
- NCCPA has remained committed to developing a voluntary specialty program.
 - A CAQ is not required to maintain NCCPA certification, and we require licensure as a condition of earning a CAQ so that table can't be turned.
- The program has been developed to be ***as inclusive as possible***, recognizing the individual differences among and within specialties.

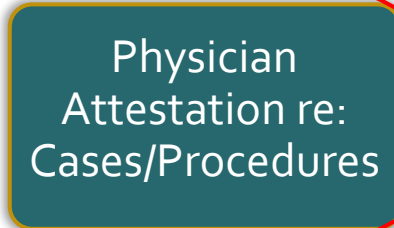
What Specialties?

- Cardiovascular & Thoracic Surgery
- Emergency Medicine
- Hospital Medicine
- Nephrology
- Orthopaedic Surgery
- Pediatrics
- Psychiatry



CAQ Process

New flexibility!



6 years to complete if needed

CAQ Exams

- 120 questions targeted to certified PAs working in the specialty
- 2-hour exam
- Specialty exams are administered annually nationwide during 2 time windows at Pearson VUE testing centers
 - **2019 opportunity: September 16-21**
- Cost \$250 plus a \$100 administrative fee paid when you start the CAQ process

CAQ Exams

- Content blueprints developed using data from practice analysis
 - Identifies set of knowledge, skills and abilities used by PAs in the specialty
 - Available online
- Test committees include PAs and physicians working in the specialty
- Other resources available online
 - Disease and disorder lists
 - Sample test items
 - Practice exam

To view the content blueprint, disease and disorder list, sample items and practice exam, visit www.nccpa.net

CAQ Recipients

1,464 CAQs have been awarded 2011 - 2018

- 783 in emergency medicine
- 271 in psychiatry
- 164 in orthopaedic surgery
- 110 in hospital medicine
- 51 in CVT surgery
- 57 in pediatrics
- 28 in nephrology

For More
Information
from NCCPA

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Thank you!

Contact: gregt@nccpa.net



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